

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse side so we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**ALL STATE FREIGHTWAYS, INC.**  
 114 LACY LANE  
 HOPKINSVILLE, KENTUCKY 42240

A. Signature <b>X Harry Wood</b>		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <b>Harry Wood</b>		C. Date of Delivery <b>8/18/06</b>
D. Is delivery address different from item 1? If YES, enter delivery address below: <b>ALL STATE HOPKINSVILLE, KY 42240</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7003 1010 0005 3806 4727

DS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540